

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:)
APPLIED MEDICAL) Customer No.: 21378
RESOURCES CORPORATION)
International Application No.:) CHAPTER II DEMAND
PCT/US03/22752)
International Filing Date:) Docket No.: P-2553-AL
July 21, 2003)
For: CLIP APPLIER CARTRIDGE WITH)
INTERNAL RATCHET)

Date of Deposit: January 28, 2004

I hereby certify that the following documents, as identified below, are being deposited with "Federal Express" service under 37 C.F.R. § 1.10 on the date indicated above, and are addressed to the U.S. Patent and Trademark Office, 2011 South Clark Place, Customer Window, Mail Stop PCT, Crystal Plaza Two, Lobby, Room 1B03, Arlington, VA 22202

1. PCT Demand: Chapter II (4 pages);
2. Response to Invitation to Correct Defects (5 pages);
2. Fee Calculation Sheet (1 page); and
3. Return-receipt postcard.

Each of the above-identified documents is enclosed herewith.

Respectfully submitted,



Barbara Johnson
Applied Medical Resources Corporation

22872 Avenida Empresa
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The demand must be filed directly with the competent International Preliminary Examining Authority with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated.

more Authorities are competent applicant on the line below.

IPEA/ US

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty

For International Preliminary Examining Authority use only	
Identification of IPEA	Date of receipt of DEMAND
Box No I IDENTIFICATION OF THE INTERNATIONAL APPLICATION	
Applicant's or agent's file reference P-2553-AL	
International application No PCT/US03/22752	International filing date (day/month/year) JULY 21, 2003
(Earliest) Priority date (day/month/year) JULY 23, 2002	
Title of invention CLIP APPLIER CARTRIDGE WITH INTERNAL RATCHET	
Box No. II APPLICANT(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) APPLIED MEDICAL RESOURCES CORPORATION 22872 Avenida Empresa Rancho Santa Margarita, California 92688 United States of America	
Telephone No. (949) 713-8000	
Facsimile No. (949) 713-8206	
Teleprinter No.	
Applicant's registration No with the Office	
State (that is country) of nationality: U.S.A.	State (that is country) of residence: U.S.A.
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) YAWATA, Haruyasu 8222 Deauville Drive Huntington Beach, California 92646 United States of America	
State (that is country) of nationality: U.S.A.	State (that is country) of residence: U.S.A.
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) AHLBERG, Russell E. 5 Calle de las Sonatas Rancho Santa Margarita, California 92688 United States of America	
State (that is country) of nationality: U.S.A.	State (that is country) of residence: U.S.A.
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.	

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet should not be included in the demand.

Name and address: (Family name followed by given name, for a legal entity, full official designation. The address must include postal code and name of country.)

DOLEND, Edward E.
27221 Las Nieves
Mission Viejo, California 92691
United States of America

State (that is country) of nationality:
U.S.A

State (that is country) of residence:
U.S.A

Name and address: (Family name followed by given name, for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is country) of nationality:

State (that is country) of residence:

Name and address: (Family name followed by given name, for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is country) of nationality:

State (that is country) of residence:

Name and address: (Family name followed by given name, for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is country) of nationality:

State (that is country) of residence:

☐ Further applicants are indicated on another continuation sheet

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is ☒ agent ☐ common representativeand ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority in addition to the agent(s)/common representative appointed earlier.Name and address: (Family name followed by given name for a legal entity, full official designation
The address must include postal code and name of country)Kenneth K. Vu
22872 Avenida Empresa
Rancho Santa Margarita, California 92688
United States of America

Telephone No

(949) 713-8000

Facsimile No.

(949) 713-8206

Teleprinter No

Agent's registration No with the Office

46,323

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION

Statement concerning amendments:*

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filedthe description ☒ as originally filed (see attached correction to title filed September 11, 2003)☐ as amended under Article 34the claims ☒ as originally filed☐ as amended under Article 19 (together with any accompanying statement)☐ as amended under Article 34the drawings ☒ as originally filed☐ as amended under Article 342. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d)4. ☐ The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis 1(a)

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English

☒ which is the language in which the international application was filed☐ which is the language of a translation furnished for the purposes of international search☐ which is the language of publication of the international application☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination

Box No. V ELECTION OF STATES

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | | |
|---|---|---|--------|
| 1 | translation of international application | : | sheets |
| 2 | amendments under Article 34 | : | sheets |
| 3 | copy (or, where required, translation) of amendments under Article 19 | : | sheets |
| 4 | copy (or where required translation) of statement under Article 19 | : | sheets |
| 5 | letter | : | sheets |
| 6 | other (specify) | : | sheets |

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received not received

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

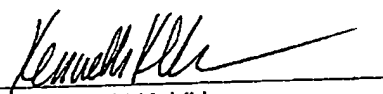
The demand is also accompanied by the item(s) marked below:

- | | |
|---|---|
| 1 <input checked="" type="checkbox"/> fee calculation sheet | 5 <input type="checkbox"/> statement explaining lack of signature |
| 2 <input type="checkbox"/> original separate power of attorney | 6 <input type="checkbox"/> sequence listing in computer readable form |
| 3 <input type="checkbox"/> original general power of attorney | 7 <input type="checkbox"/> tables in computer readable form related to a sequence listing |
| 4 <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 8 <input checked="" type="checkbox"/> other (specify): return receipt postcard |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand)

APPLIED MEDICAL RESOURCES

by 
KENNETH K. VU
Attorney of Record

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1 Date of actual receipt of DEMAND:

2 Adjusted date of receipt of demand due to CORRECTIONS under Rule 60 1(b):

3 ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply

☐ The applicant has been informed accordingly

4 ☐ The date of receipt of the demand is WITHIN the time limit of 19 months from the priority date as extended by virtue of Rule 80.5.

5 ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82

6 ☐ The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis 1(a) and item 7 or 8, below, does not apply

7 ☐ The date of receipt of the demand is WITHIN the time limit under Rule 54bis 1(a) as extended by virtue of Rule 80.5

8 ☐ Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis 1(a), the delay in arrival is EXCUSED pursuant to Rule 82

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Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand

International application No PCT/US03/22752	For International Preliminary Examining Authority use only	
Applicant's or agent's file reference P-2553-AL	Date stamp of the IPEA	
Applicant APPLIED MEDICAL RESOURCES		
CALCULATION OF PRESCRIBED FEES		
1 Preliminary examination fee	490.00	<div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block; text-align: center; line-height: 15px;">P</div>
2 Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee</i>)	172.00	<div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block; text-align: center; line-height: 15px;">H</div>
3 Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	662.00	
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">TOTAL</div>		
MODE OF PAYMENT		
<input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):	
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i>		
<input checked="" type="checkbox"/> Authorization to charge the total fees indicated above.	IPEA/ US	
<input checked="" type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above	Deposit Account No.: 01-2215	
	Date: January 28, 2004	
	Name: KENNETH K. VU	
	Signature:	